

City of New York
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
125 Worth Street
New York, NY 10013



City of New York
DEPARTMENT OF
EDUCATION
52 Chambers Street
New York, NY 10007

AN IMPORTANT WARNING ABOUT YOUR CHILD'S IMMUNIZATIONS

Child's Name:		I.D. No.
School:	Grade/Class	Date

Dear Parent / Guardian:

According to a recent review of your child's health record, your child is due to receive the immunization(s) listed below as of the following date: _____.

According to Public Health Law, Section 2164, your child will not be allowed to return to school after this date _____, unless you provide documents to show that s/he has received the necessary immunizations:

Vaccine	Dose Number				Notes
DTaP/DTP/Td/Tdap	1	2	3	4	Tdap: For all children born after January 1, 1994 upon entering 6 th grade.
POLIO (OPV/IPV)	1	2	3		
HIB	1				
MEASLES	1	2			Measles: #1 valid only after first birthday; #2 valid only after 15 months of age AND more than 28 days after #1
MUMPS	1	2			
RUBELLA	1	2			Varicella: For all children born on or after January 1, 1994, one dose on or after the 1 st birthday (including 5 th graders born on or after this date.)
HEPATITIS B	1	2	3		
VARICELLA	1	2			

If you believe your child has already received these immunizations, bring the original immunization record to the staff in the medical room for review.

Please see the attachment for a complete list of immunization requirements and a phone number to call for assistance in obtaining immunizations.

DOH/DOE

Roger Platt, M.D.
Director, Office of School Health
Department of Health and Mental Hygiene

cc: Student File
Principal

Oxiris Barbot, M.D.
Medical Director, Bureau of School Health
Department of Health and Mental Hygiene